

Application to the School of Nursing Graduate Program

Application material is confidential information. Designated faculty and the Student Services Advisor will review and evaluate the material submitted. All application materials, once submitted, are the property of the School of Nursing, San Diego State University, and cannot be returned or copied by the applicant under any circumstances. This material will also be part of the permanent student file if the applicant is accepted.

Please print or type the application and return to the School of Nursing.

Date of Application _____ Current RN license No. _____ State _____

Name _____
last first middle

Other names on transcripts _____
Last first

Permanent address _____
street city state zip

SDSU Red ID (If known) _____ Birth date _____ E-mail _____

Telephone No: Home () _____ Work () _____ Cell Ph () _____

Undergraduate degree B.S.N. or B.S. with major in Nursing
 A.D. in Nursing with B.S. in another discipline
 Diploma in Nursing

Institution Name and Year undergraduate degree obtained _____

Have you completed a basic statistics course? Yes No

Give course title, number, and University where taken _____

Have you taken the Graduate Record Exam (GRE) Yes No
Date taken _____
Date scheduled _____

Please describe any physical or other limitation which may require special planning in preparing for the Graduate Program in Nursing.

For Office Use Only

California license
 NLN/CCNE School
 Statistics Course

Personal Statement
 Work Experience
 References

GRE: V _____ + Q _____ = _____ A _____
GPA _____

Admission Status

Classified
 Conditional (conditions): _____
 Notice sent to applicant (date): _____
 Notice sent to Graduate Admissions (date): _____

Please indicate which program you are applying for:

ADVANCED PRACTICE NURSING OF ADULTS & ELDERLY

- | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Nurse Practitioner & Clinical Nurse Specialist | <input type="checkbox"/> Clinical Nurse Specialist & Nurse Educator |
| <input type="checkbox"/> 2-year | <input type="checkbox"/> 2-year |
| <input type="checkbox"/> 3-year | <input type="checkbox"/> 3-year |

COMMUNITY HEALTH NURSING with Specialization in:

- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> School Nurse** | <input type="checkbox"/> Women's Healthcare Nurse Practitioner |
| ** <i>Please see school Nurse Advisor for course sequencing</i> | <input type="checkbox"/> 2-year |
| <input type="checkbox"/> Nurse-Midwife & Women's Healthcare Nurse Practitioner | <input type="checkbox"/> 3-year |
| <input type="checkbox"/> 2-year | <input type="checkbox"/> Nurse – Midwife |
| <input type="checkbox"/> 3-year | <input type="checkbox"/> 2-year |
| | <input type="checkbox"/> 3-year |

NURSING EDUCATION

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Adult Health | <input type="checkbox"/> Pediatric Nursing |
| <input type="checkbox"/> 2-year | <input type="checkbox"/> 2-year |
| <input type="checkbox"/> 3-year | <input type="checkbox"/> 3-year |
| <input type="checkbox"/> Maternal- Newborn | <input type="checkbox"/> Nursing Leadership |
| <input type="checkbox"/> 2-year | <input type="checkbox"/> 2-year |
| <input type="checkbox"/> 3-year | <input type="checkbox"/> 3-year |

NURSING LEADERSHIP IN HEALTH CARE SYSTEMS

- Nursing Leadership in Health Care Systems
 - 5 Semester
 - 6 Semester
 - 7 Semester
 - 8 Semester
 - 9 Semester

**Demographic Data Sheet
Graduate Application**

Applicant's Name _____ **Date** _____
(please print)

Please indicate which program you are applying for:

- | | | | |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Advanced Practice Nursing of Adults and the Elderly | <input type="checkbox"/> Nurse Practitioner and Clinical Nurse Specialist (NP-CNS) | <input type="checkbox"/> Clinical Nurse Specialist and Nurse Educator (CNS-NE) | <input type="checkbox"/> Community Health Nursing with Specialization in: |
| <input type="checkbox"/> Community Health Nursing the Elderly (NP-CNS) with specialization in acute/critical care | | | <input type="checkbox"/> School Nursing |
| | | | <input type="checkbox"/> Nurse Midwife/OB-GYN Nurse Practitioner |
| | | | <input type="checkbox"/> Nursing Leadership in Health Care Systems |
| | | | <input type="checkbox"/> Nursing Education |
| | | | <input type="checkbox"/> Adult Health |
| | | | <input type="checkbox"/> Maternal-Newborn |
| | | | <input type="checkbox"/> Nursing Leadership |
| | | | <input type="checkbox"/> Pediatrics |

Sex: Female Male Birth date _____

Country of citizenship _____

How long have you been a registered nurse? _____

How long have you been in clinical practice as a registered nurse? _____

What is your current position/job title? _____

Are you currently Active Duty Military? Yes No

If yes, are you a DUINS applicant? Yes No

Ethnic background (optional)

- | | | | |
|------------------------------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Black, African-American | <input type="checkbox"/> White | <input type="checkbox"/> Other Latino, Hispanic |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Cuban | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Thai | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Decline to state |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Mexican-American, Mexican, Chicano | <input type="checkbox"/> Filipino | |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Puerto Rican | |
| <input type="checkbox"/> Other Southeast Asian | | <input type="checkbox"/> Laotian | |
| | | <input type="checkbox"/> Other _____ | |

Indicate any languages, other than English, that you speak fluently _____

Could you conduct an interview in this language? Yes No

Could you translate written material? Yes No

How did you hear about our graduate program?

List memberships in professional organizations and offices held:

List publications you have authored:

List professional certifications:

Other noteworthy professional activities:

S DSU

School of Nursing
College of Health and Human Services
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4158

(619) 594-5357
FAX (619) 594-2765

Applicant's Name _____
(Please Print)

Under the Family Educational Rights and Privacy Act of 1974, students who are accepted and enrolled in an academic program are given the right to read all records in their file, including reference letters, unless they have willingly signed a waiver of this right. A copy of the waiver must accompany each letter.

To the Applicant:

___ I waive my right of access to this reference.
___ I do not waive my right of access to this reference.

Date _____ Signature _____

To the Referent:

You have been selected as a reference by this applicant who is applying for admission to the Master of Science in Nursing program at San Diego State University. We hope that you will help both the applicant and us by giving your frank evaluation of this applicant's potential for advanced professional education.

A letter may be submitted in lieu of this form, if desired. Please return the form along with the letter.

Name _____ Position _____
(Please Print)

Organization _____

Knowledge of Applicant

Amount of time known: _____
Type of acquaintance (i.e., teacher-student, supervisor, professional colleague, etc.): _____

Have known the applicant:
_____ quite well _____ fairly well _____ in a limited way _____ not well enough to comment

AREAS OF CAPABILITIES

	Outstanding	Highly Capable	Capable	Below	Average	Unsatisfactory	Did Not Observe
Ability to Work with Others							
Ability to Work Independently							
Academic Performance							
Application of Theory to Practice							
Commitment to the Nursing Profession							
Creativity							
Emotional Maturity							
Flexibility							
Knowledge and Skills in Nursing							
Leadership Ability							
Motivation							
Oral Expression							
Self-Confidence							
Sensitivity							
Written Expression							

Degree of Recommendation

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Comments

Written comments regarding the applicant will be helpful. Please be as specific as possible if you choose to give examples of the items checked above.

Signature _____ Date _____

Thank you for your interest and thoughtfulness in responding to the applicant's required reference. Please mail the reference to:

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 College of Health and Human Services
 San Diego State University
 5500 Campanile Drive
 San Diego, Ca 92182-4158

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